

STDs in Racial and Ethnic Minorities

Public Health Impact

Surveillance data show higher rates of reported STDs among some minority racial or ethnic groups when compared with rates among whites. Race and ethnicity in the United States are risk markers that correlate with other more fundamental determinants of health status such as poverty, access to quality health care, health care seeking behavior, illicit drug use, and living in communities with high prevalence of STDs. Acknowledging the disparity in STD rates by race or ethnicity is one of the first steps in empowering affected communities to organize and focus on this problem.

Surveillance data are based on cases of STDs reported to state and local health departments (see **Appendix**). In many areas, reporting from public sources, for example STD clinics, is more complete than reporting from private sources. Since minority populations may utilize public clinics more than whites, differences in rates between minorities and whites may be increased by this reporting bias.

Observations

- Although chlamydia is a widely distributed STD among all racial and ethnic groups, trends in positivity in women screened in HHS Region X show consistently higher chlamydia positivity among minorities (Figure T).
- In 2002, chlamydia positivity among sexually active 15- to 30-year-old women screened at clinics of the Indian Health Service (IHS) in three IHS areas ranged from 7.4% to 9.7% (Figure U).
- In 2002, 73.3% of the total number of cases of gonorrhea reported to CDC occurred among African-Americans (Table 22A). In 2002, the rate of gonorrhea among African-Americans was 742.3 cases per 100,000 population, among American Indian/Alaska Natives the rate was 126.8, and among Hispanics the rate was 76.0 (Table 22B). These rates are 24, 4, and 2 times higher, respectively, than the rate among whites in 2002 of 31.1 cases per 100,000 population (Figure 15, Table 22B). The reported rate of gonorrhea among Asian/Pacific Islanders in 2002 was 24.1 cases per 100,000 population.
- Gonorrhea rates in 2002 were highest for African-Americans aged 15- to 24-years among all racial, ethnic, and age categories. In 2002, African-American women aged 15- to 19-years had a gonorrhea rate of 3,307.7 cases per 100,000 females. This rate is 17 times greater than the 2002 rate among white females of similar age (196.1). African-American men in the 15- to 19-year-old age category had a 2002 gonorrhea rate of 1680.1 cases per 100,000 males, which was 45 times higher than the rate among 15- to 19-year-old white males of 37.7 (Table 22B). Among 20- to 24-year-olds in 2002, the gonorrhea rate among African-Americans

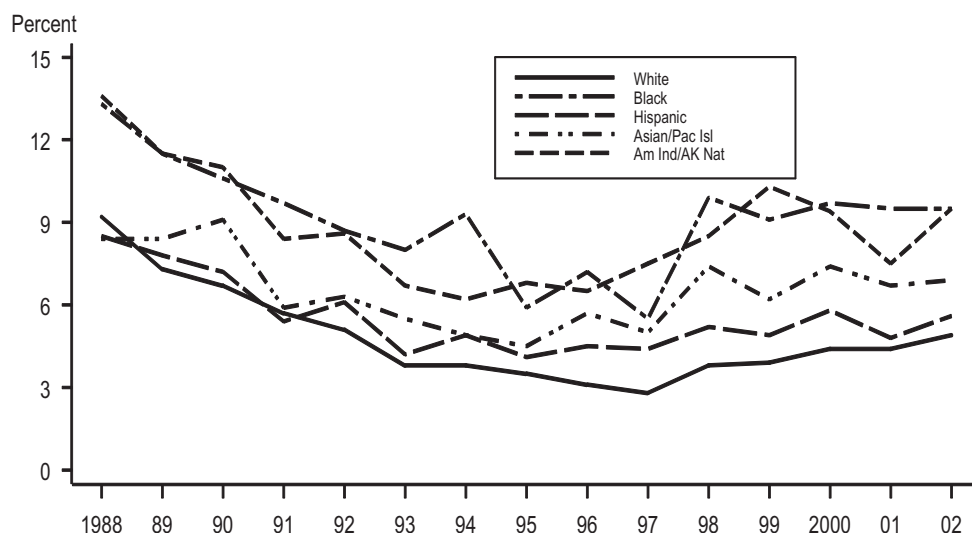
was 21 times greater than that among whites (3,197.6 and 152.0 cases per 100,000 population, respectively) (Table 22B).

- Although gonorrhea rates declined for most age and race/ethnic groups during the 1980s, they did not decline for African-American adolescents. African-American females aged 15 to 19 did not show a decline in rates until 1991 (Figure V). Declines among African-American males aged 15- to 19-years did not begin until 1992 (Figure W). From 2001 to 2002 gonorrhea rates among African-Americans declined by 5.1% (782.3 and 742.3 cases per 100,000 population, respectively). In 2002, rates decreased among Asian/Pacific Islanders by 9.7%. During the same period, gonorrhea rates increased by 10.8% among American Indian/Alaska Natives, 2.4% among Hispanics and 5.4% among whites (Table 22B).
- The syphilis epidemic in the late 1980s occurred primarily among heterosexual, minority populations.¹ During the 1990s, the rates of primary and secondary (P&S) syphilis declined among all racial and ethnic groups (Figure 28 and Table 35B). During 2000 to 2002, the rate continued to decline among African-Americans, but the overall rate of P&S syphilis and rates among whites, Hispanics, and Asian/Pacific Islanders increased; increases in P&S syphilis occurred only among men and the most rapid rate of increase occurred among white men during this time. Despite recent changes in the demographics of syphilis infection, the rates of P&S syphilis continue to be higher among African-Americans and Hispanics than among whites.
- In 2002, 49.8% of all cases of P&S syphilis reported to CDC occurred among African-Americans (Table 35A). Although the rate of P&S syphilis among African-Americans declined from 11.0 to 9.8 cases per 100,000 population between 2001 and 2002, the 2002 rate was 8 times greater than the rate among whites (1.2 cases per 100,000 population) (Table 35B).
- The incidence of P&S syphilis in African-Americans was highest among women aged 20-24 years (17.2 cases per 100,000 population) and highest among men aged 35-39 (29.0 cases per 100,000 population) in 2002 (Table 35B).
- Between 2001 and 2002, P&S syphilis rates for African-Americans aged 15-19 years declined 13.1%; rates declined 15.0% among African-American females and 7.7% among African-American males in this age group (Figures X and Y, Table 35B). The P&S syphilis rate among young African-American adults aged 20- to 24-years declined 3.3% between 2001 and 2002; rates declined 12.7% among African-American females but increased 5.6% among African-American males in this age group (Table 35B).
- In 2002, 14.2% of all cases of P&S syphilis reported to CDC occurred among Hispanics (Table 35A). The rate of P&S syphilis among Hispanics increased 28.6% (from 2.1 to 2.7 cases per 100,000 population) between 2001 and 2002. The rate among Hispanics in 2002 was more than two times greater than the rate among whites (1.2 cases per 100,000 population) (Table 35B).
- The incidence of P&S syphilis among Hispanics was highest among women aged 20-24 years (1.9 cases per 100,000 population) and among men aged 35-39 (12.1 cases per 100,000 population) in 2002 (Table 35B).
- In 2002, the rate of congenital syphilis (based on the mother's race/ethnicity) was 39.8 cases per 100,000 live births among African-Americans and 14.8 cases per 100,000 live births among Hispanics (Table 45). These rates are 28 and 11 times

greater than the 2002 rate among whites (1.4 cases per 100,000 live births), (Figure Z, Table 45). During 2001 to 2002, the rate of congenital syphilis decreased by 9.3% among African-Americans and 21.7% among Hispanics.

¹ Nakashima AK, Rolfs RT, Flock ML, Kilmarx P, Greenspan JR. Epidemiology of syphilis in the United States, 1941 through 1993. *Sex Transm Dis* 1996;23:16-23.

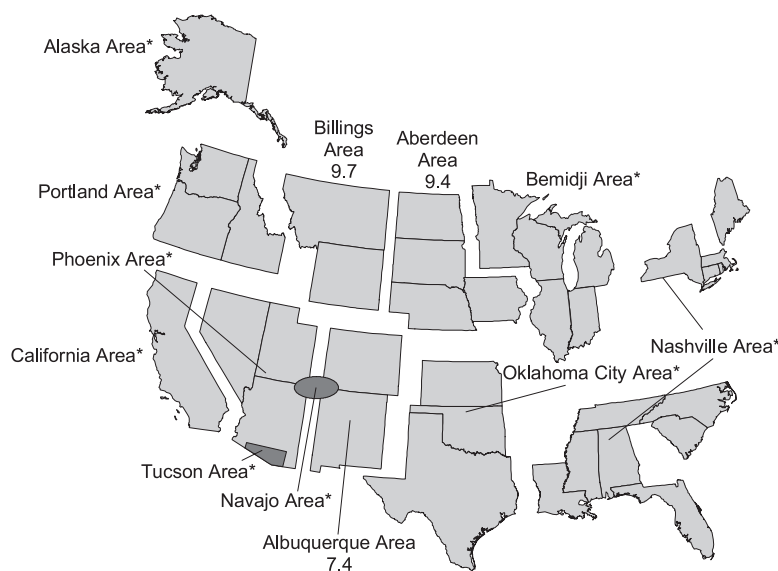
Figure T. Chlamydia — Positivity among women tested in family planning clinics by race and ethnicity: Region X, 1988–2002



Note: Women who met screening criteria were tested. Trends not adjusted for changes in laboratory test method and associated increases in test sensitivity in 1994, and 1999–2002.

SOURCE: Regional Infertility Prevention Projects: Region X Chlamydia Project

Figure U. Chlamydia — Positivity among 15-30 year old women tested in Indian Health Service Clinics by IHS areas, 2002



*IHS areas not reporting chlamydia positivity data during 2002. See Appendix for definitions of IHS areas.

SOURCE: Indian Health Service

Figure V. Gonorrhea — Rates for 15-19 year old females by race and ethnicity: United States, 1981–2002

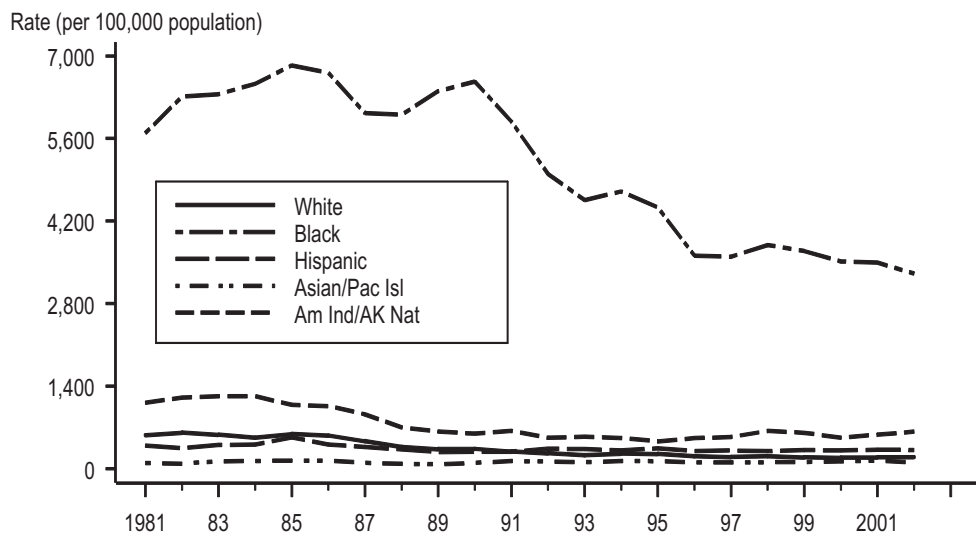


Figure W. Gonorrhea — Rates for 15-19 year old males by race and ethnicity: United States, 1981–2002

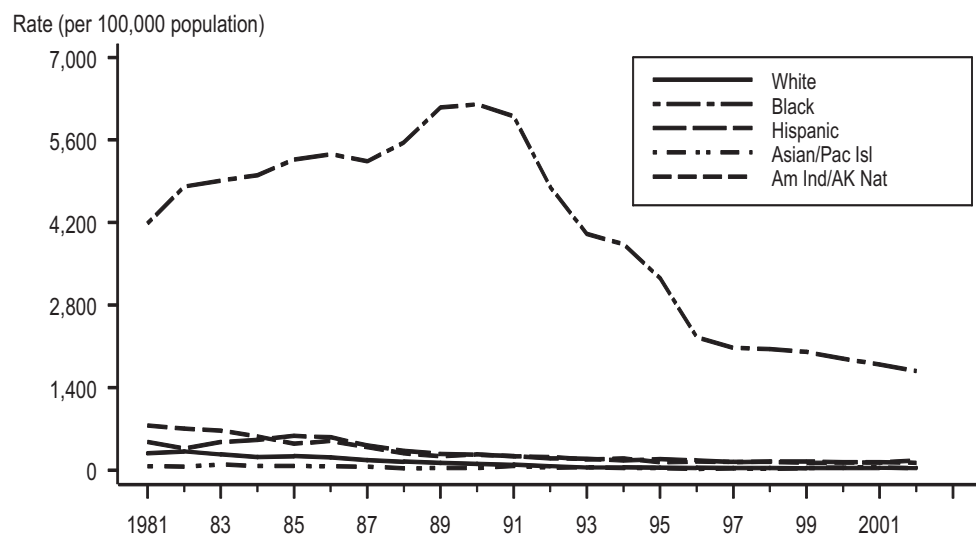


Figure X. Primary and secondary syphilis — Rates for 15-19 year old females by race and ethnicity: United States, 1981–2002

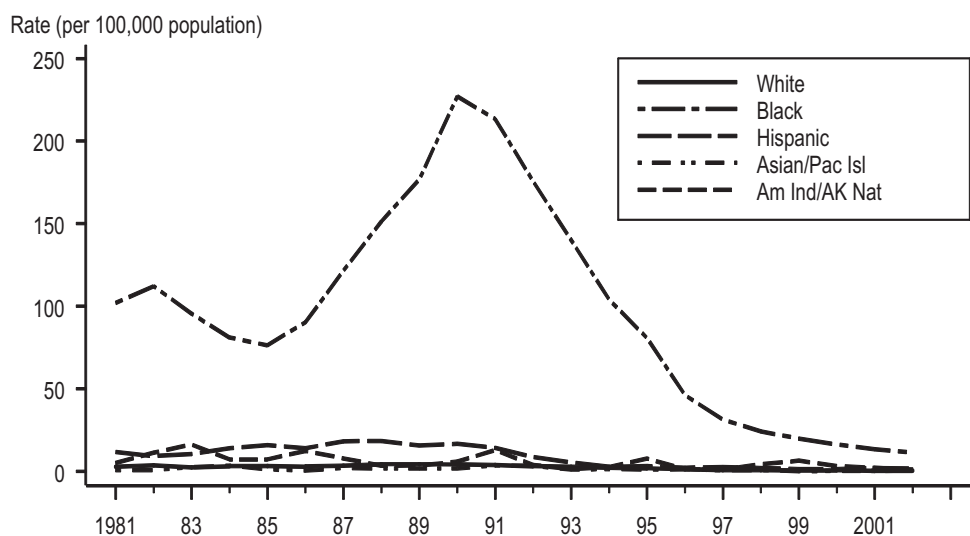


Figure Y. Primary and secondary syphilis — Rates for 15-19 year old males by race and ethnicity: United States, 1981–2002

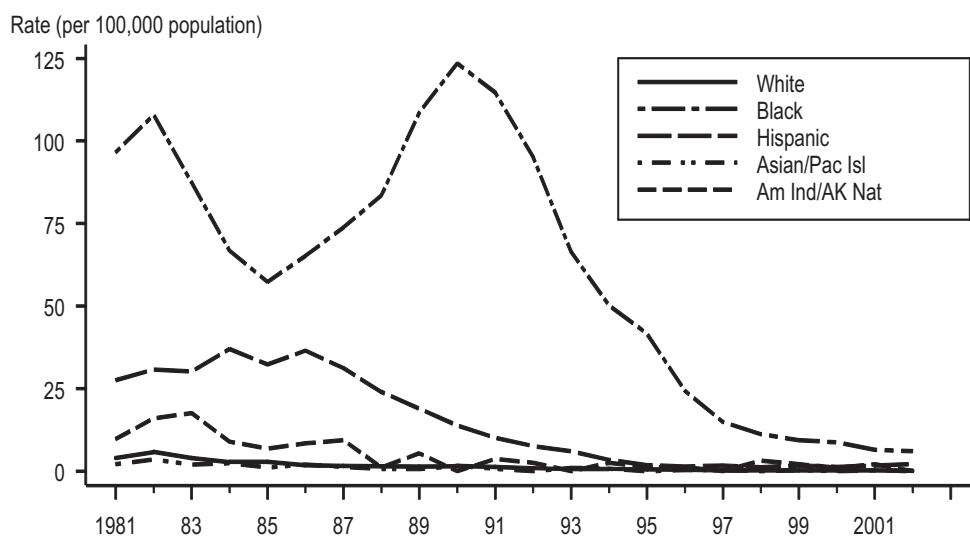
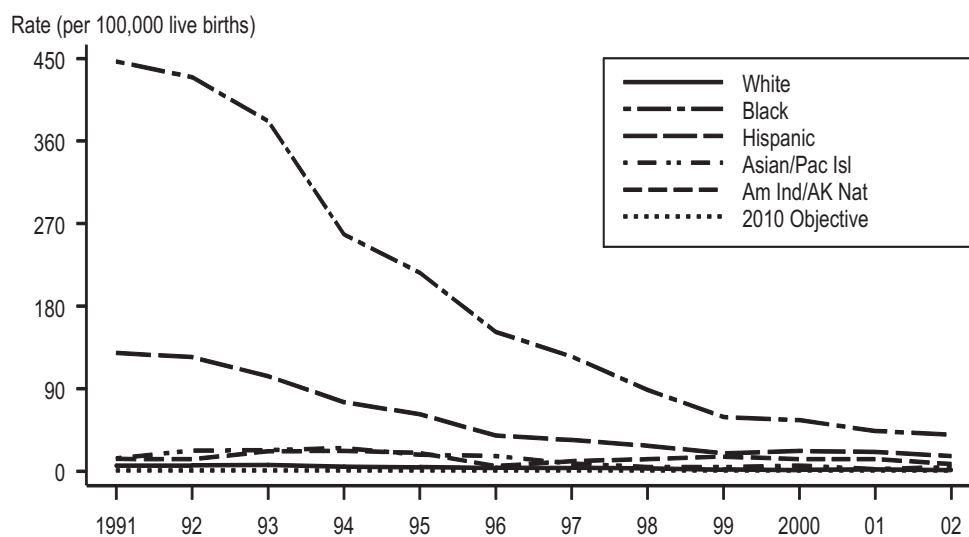


Figure Z. Congenital syphilis — Rates for infants <1 year of age by mother's race and ethnicity: United States, 1991–2002 and the Healthy People 2010 objective



Note: Less than 5% of cases had missing race/ethnicity information and were excluded.

